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For action

Recommendation for funding for a short-duration country programme**

Guyana

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Guyana with a duration of one year to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $655,000 from general resources, subject to the availability of funds, and $250,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the year 2000.

* E/ICEF/1999/15.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

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Basic data

(1997 unless otherwise stated)

Child population (millions, under 18 years)	0.31
U5MR (per 1,000 live births)	82
IMR (per 1,000 live births)	59
Underweight (% moderate and severe)	12
Maternal mortality rate (per 100,000 live births) (1995)	180
Literacy (% male/female) (1995)	99/97
Primary school enrolment (% net, male/female) (1995)	87/87
Primary school children reaching grade 5 (%) (1992)	93
Access to safe water (%)	91
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US$)	800
One-year-olds fully immunized against:	
tuberculosis	94 per cent
diphtheria/pertussis/tetanus	88 per cent
measles	82 per cent
poliomyelitis	89 per cent
Pregnant women immunized against tetanus	71 per cent

The situation of women and children

1. As a result of a poor economic performance due mainly to the political instability experienced in the wake of the December 1997 presidential election, and exacerbated by a prolonged drought caused by El Niño during 1997/98, the quality of life of children and their families in Guyana has deteriorated in recent years. The unstable political situation slowed down public affairs and production, with a marked decline in gross domestic product for 1998, triggering a worrisome trend of out-migration, particularly of better trained individuals. At present, very slow progress has been made in terms of dialogue between the two major political parties despite the mediation of the Caribbean Community (CARICOM); and the recommendation of the Herdmanston Accord of 1998 (which put an end to the civil arrest following the disputed results of the presidential election) for the establishment of a Constitutional Reform Commission has just been implemented.

2. Guyana has achieved some of the goals of the World Summit for Children in the areas of immunization coverage, and access to education and water and sanitation. The Government has also made significant progress in the area of housing, particularly for low-income families. However, given the population of the country and the quality of basic social services, much remains to be done. At the same time, it has been difficult to ascertain the level of attainment of many of the other goals due to the lack of data in some social areas. Thus, it is reported that although comparatively low by regional standards, the under-five mortality rate in Guyana remains one of the highest in the Caribbean subregion. The major causes of deaths among children continue to be diarrhoeal diseases, diseases of the respiratory system and malnutrition. There is also evidence of an increase in perinatal mortality rates, which are associated with inadequate antenatal care and poor maternal nutrition. In 1998, the maternal mortality rate was estimated at 125 per 100,000 live births; however, figures increase in the hinterland owing to a lack of skilled services. At the same time, while the supply of clean water has improved in major urban centres, its availability and quality remain a concern. There are persistent challenges in the areas of hygiene and sanitation in all sectors of the country.

3. Officially reported AIDS cases probably represent less than one third of estimated numbers owing to the lack of reliable and updated data. In Guyana, HIV infection rates are the highest of all member countries of the Caribbean Epidemiological Center. The 19- to 35-year-old age group has the highest incidence of HIV infection, accounting for 75 per cent of the overall total.

4. There is universal access to primary education, based on a reported 99 per cent enrolment rate in the period 1996/97; however, less than 50 per cent of all pupils successfully gain access into general secondary schools. Generally, girls seem to perform better than boys at this level. Repetition rates for level 1 declined from almost 8 per cent in 1994 to about 6 per cent in 1998, while drop-out rates at level 6 increased from about 3 per cent in 1995 to 4 per cent in 1998. The major causes of this problem have been traced to the high numbers of untrained and under-qualified teachers, coupled with a lack of materials and inadequate teaching methods. This situation is leading to an increase in the number of semi-literate, alienated, demotivated and socially unskilled adolescents.

5. The Government of Guyana ratified the Convention on the Rights of the Child in January 1991 and established a National Commission on the Rights of the Child in 1993, which was subsequently reinforced in the following years to ensure that the concerns of children and their families were high on the national agenda. In addition, and in relation to the Convention on the Elimination of All Forms of Discrimination against Women, legislative reforms on the Prevention of Discrimination Act (1997), the Domestic Violence Bill (1996) and the Medical Termination of Pregnancy Act (1995) have been passed by Parliament. Together with these positive legal reforms, there is now a need to increase efforts to mobilize support to provide services to ensure implementation and enforcement of these acts. Abuse against children and violence against women are still quite prevalent, and on the rise. Furthermore, the present migration and breakdown in family structures are considered major causes for the increase in single parenting. Poor negotiating and overall low skills for healthy life choices of youth, associated with poor gender socialization skills, also contribute to this trend.

6. Finally, Guyanese society is working to bridge partisan and ethnic differences that for decades have pitted Afro-Guyanese against Indo-Guyanese, and alienated the countries' indigenous people, known as Amerindians. From early in Guyanese history, deliberately fostered racial competition has hindered the development of real cohesion in Guyanese society. Moreover, conditions in Guyana over the last quarter century have perpetuated and expanded the problem, expressed not only in the relations among race groups on the coast, but in the growing imbalance between conditions on the coast and in the hinterland.

Programme cooperation, 1995–1999

7. The 1995–1999 programme of cooperation was aimed at supporting Government efforts to place children's and women's concerns high on the political and developmental agenda of the country, including implementation of the two Conventions and of actions conducive to meeting the goals set at the World Summit for Children for the year 2000. On the other hand, the programme was also aimed at supporting actions to improve access to, and the quality of, services provided for children and their families, particularly in the most disadvantaged and hard-to-reach areas of the country. This was done through a mix of integrated strategies spearheading the delivery of basic social services, targeting populations in the hinterland and peri-urban areas of the main cities of the coastal areas of Guyana. These actions were implemented through four major programmes: advocacy and social policy development; health and nutrition; basic education; and integrated area-based development.

8. These efforts resulted in the establishment of the National Commission for Children, the National Commission on the Family and the National Commission on Youth; UNICEF serves as adviser for all three National Commissions. However, while advances were made in overall legislative terms, actions fell short of mobilizing critical mass support and participation from the target population. Programmes implemented during the cycle helped to sustain the availability of basic social services in accessible areas, while increasing the capacity of national counterparts to deliver those services in an integrated manner. Thus, a sizable number of rural health workers, pre-school and primary teachers, social workers and high-level counterparts were trained and assisted in participating in major Caribbean and regional conferences. The content and range of activities varied from issues related to children's rights, integrated planning, the Bamako Initiative, parenting skills, health and family life education, building a child-friendly environment at the community level, managing social and sensitive issues in the classroom environment, the *escuela nueva* (new school) model, to reporting on achievement of the World Summit for Children goals. Special efforts were directed to the indigenous and disadvantaged populations in selected regions within the Amazon programme component of the area-based approach.

Lessons learned

9. The 1995–1999 programme of cooperation clearly demonstrated the importance of programme integration and inter-agency/intersectoral collaboration, as well as the significance of targeting programmes in 4 of 10 regions where the utilization of the scarce financial resources available would have the greatest impact. Following the current government policy of decentralization, a "top-down" programme approach is increasingly being discarded as a strategy. UNICEF has also learned to work more closely with local authorities, non-governmental organizations (NGOs) and civil societies as partners in programme planning, implementation, monitoring and evaluation, and this will be enhanced and expanded. In addition, UNICEF created a good working relationship and coordinated actions with the United Nations/United Nations Development Programme (UNDP) and the Pan American Health Organization/World Health Organization (PAHO/WHO), the only sister United Nations agencies present in the country, as well as with the Department for International Development (DfID) (United Kingdom) and other bilateral and multilateral organizations. Based on those experiences, it is anticipated that the proposed bridging programme will devise ways to support local capacity-building and governance both within current activities and in preparation for the new programme cycle beginning in 2001. It is envisaged that while the programme will continue with activities of the current cycle, there is an opportunity to include actions to support the establishment of baseline data at line ministries and at grass-roots levels, leading to a common national database for the social sectors.

10. UNICEF-supported community-based initiatives, such as parental education, building a child-friendly environment, income generation and the *escuela nueva* model, were successful in the poorest regions owing to a good social mobilization strategy, which combined training workshops, the media and school involvement; it will be retained for the next programme. This approach will incorporate communication for behavioural change as an integral part of all programmes. While monitoring of the end-decade goals of the World Summit will continue, more engaging child rights goals, particularly related to the protection of children and women against abuse and discrimination, will be pursued at national and regional levels. UNICEF Guyana is learning to work in an environment of increasing political, racial and social unrest, adjusting elements of programming and management to be able to respond adequately to the different challenges presented by the situation. However, it is envisaged that the current situation will continue and it might still hamper programme implementation and service delivery capacity in the short and medium term.

11. Thus, the capacity of the Government to manage social development projects should be strengthened so that ongoing advocacy efforts will translate the Government's commitment into specific gains for children. While continuing to support current actions, the proposed bridging programme will pay particular attention to strengthening the capacity of counterparts for policy formulation, legislative review and social action.

Recommended programme cooperation, 2000
Estimated annual expenditure
(*In thousands of United States dollars*)

	2000
General resources	
Advocacy and social policy	63
Health and nutrition	194
Basic education	80
Integrated area-based development	182
Cross-sectoral costs	136
Subtotal	**655**
Supplementary funding	
Advocacy and social policy	50
Health and nutrition	80
Basic education	60
Integrated area-based development	60
Subtotal	**250**
Total	**905**

Programme preparation process

12. Based on recommendations from the mid-term review, the results of the annual programme reviews, and initial findings of an updated 1998 situation analysis, including common factors for development derived from the recently presented "Government of Guyana National Development Strategy", the proposed cooperation will continue the four programmes of the previous programme cycle, accelerating and streamlining key actions in the year 2000.

Programme objectives and strategies

13. The programmes will aim at further strengthening the capacity of the Government to achieve the following goals and objectives: (a) to assist the Government in further translating into national commitments the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, as well as the agreed goals emanating from the World Summit for Children and the IV Lima Ministerial Meeting on Children and Social Policies; (b) to help in the effort to reduce the overall rates of infant, under-five and maternal mortality, as well as the levels of malnutrition; (c) to help improve the situation of selected urban and rural communities through an active, integrated and collaborative approach in addressing their most basic problems; (d) to promote the survival and development of children and the empowerment of women, particularly among the indigenous population, and the reduction of disparities in human development between the indigenous population and the country as a whole; (e) to help strengthen and expand early childhood care and development (ECCD) as a basis for enhancing early stimulation, growth and development, and to improve parents' knowledge and skills in early child care; and (f) to assist the Government in strengthening its information and analysis for monitoring the national goals, social policies, and children's and women's rights.

14. Within the context of the National Development Strategy of Guyana, UNICEF will adopt two cross-cutting strategies: community participation; and gender mainstreaming. These two strategies will be highlighted and given increased priority in all programme activities. The programme will also continue to use the five operational strategies of the previous programme, which include: (a) advocacy at the national level focusing on children's and women's rights, policy formulation and review of legislation; (b) building capacity to improve overall planning capacities, baseline data collection and harmonization of social indicators; (c) empowerment to strengthen community participation and help in the replacement of qualified manpower who left or are leaving the country, and to reinforce basic social services; (d) service delivery will continue to be used in areas where there are gender and geographical gaps; and (e) social mobilization/alliances/ strengthening partnerships will be sought from civil society organizations to promote, establish and sustain partnerships in favour of the survival, development and protection of children; and to assist in implementation of community-based action.

Advocacy and social policy

15. This programme will be implemented at national, regional and municipal levels to ensure that global and local agenda recommendations, such as the two Conventions and the goals of the Lima meeting, are implemented at all levels. It will base its actions on stimulating national and local dialogue with a view to engendering national consensus on issues of concern to the society. The sensitization of decision makers at national and regional levels, of the community and of other leaders will be a major activity in consensus-building. This will be achieved through national workshops, youth forums and child parliaments, including the participation of counterparts at all levels in regional and subregional training sessions and seminars.

16. The programme will continue to support and strengthen the National Commission for Children, and actively pursue a debate for the establishment of family courts. It will also encourage the participation of children at all levels of decision-making processes and will ensure the dissemination of information to guide policy issues. It will also support the collection of data at national and local levels so that sectoral development plans can benefit from a knowledge base of information and take appropriate policy choices. Studies and community surveys will be carried out which will complement the present work of the situation analysis with a view to the preparation of the next country programme. It will also facilitate discussions at the government level on the 20/20 Initiative and the need to involve disadvantaged groups in overall policy development and social investment. Capacity-building to use data for planning at national and community levels will be essential. All of these efforts will be based on consensus with the programmes and agendas of the United Nations/UNDP, particularly related to the Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) processes.

Health and nutrition

17. This programme will benefit from the gains made in the past to address weak areas in programme delivery and help in efforts to make services accessible to all. It will also support the strengthening of available services, providing the necessary training to community representatives of the hinterland and peri-urban areas, particularly of the Georgetown area. This would include capacity-building, human resources development and policy support for the ongoing health sector reform using the principles of the

Bamako Initiative. UNICEF will work in this area in close collaboration with PAHO/WHO and other international and local aid development organizations, including NGOs and community-based organizations (CBOs).

18. This programme will provide technical assistance for the integration of related services such as nutrition; the promotion of exclusive breastfeeding; the establishment of baby-friendly health facilities; limited water and sanitation activities, particularly related to proper handling of resources; and excreta and garbage disposal, at regional and district levels. Actions in this programme will include elements of implementation of the CARICOM Health and Family Life Education initiative aimed at promoting life skills development, HIV/AIDS prevention, reducing early pregnancies, and gender socialization, helping youth to access the necessary knowledge for better life skills.

Basic education

19. This programme will continue to support efforts to reduce high repetition and drop-out rates. It will provide support for policy formulation for continuity of primary education reform and changing teaching approaches to include the *escuela nueva* model. Support will also be given to enhance the learning environment of children in the classroom by making learning materials available. Additionally, the programme will assist government counterparts in the preparation and completion of the Education for All report, in collaboration with the United Nations Educational, Scientific and Cultural Organization National Committee.

20. In order to address inequalities in the early childhood care for survival, growth and development component of the programme, efforts will be made to implement the recommendations of the Caribbean and the Guyana ECCD Plans of Action. The programme will provide technical support for better parenting activities while supporting the training of teachers, curriculum development and materials production. This will be done in collaboration with the Caribbean Child Development Centre of the University of the West Indies through an agreement reached with the UNICEF Caribbean Area Office.

Integrated area-based development

21. With an emphasis on community participation, this programme will be multisectoral in nature and will be implemented with various ministries, in particular the Ministries of Health, Education, Local Government, Human Services and Social Security. It will support the enhancement of community participation to advance children's and women's rights, transfer basic planning skills to community groups and the delivery of integrated basic social services in targeted communities through capacity-building at regional, municipal and community levels. Local-level activities will be implemented in close collaboration with the American Peace Corps and CBOs present in the poorest and hard to reach regions of the country.

22. The programme will provide technical support for data collection at local levels to guide the decision-making process. Emphasis will be placed on families and children at risk through support to NGOs and CBOs in their efforts to protect children from all kinds of abuse, neglect and discrimination. The programme will provide technical support through an agreement between UNICEF and DFID particularly related to integrated area-based actions, including implementation of women's economic empowerment activities in the Amazon areas.

Monitoring and evaluation

23. The office will conduct quarterly programme monitoring exercises with counterparts, partners in the United Nations system and bilateral agencies, and an annual review at the end of the year leading to the new programme cycle. There will be continuous monitoring of project activities through field visits by project officers, separately and with counterparts, including the participation of the main UNICEF donors in the country.

Programme management

24. The Ministry of Foreign Affairs, through the Department for Multilateral Cooperation, is responsible for coordination of the Government of Guyana/UNICEF country programme. The Caribbean Area Office will be responsible for reviewing annual plans, progress reports and major programme evaluations. Responsibilities for the management of programme components will rest with the heads of the respective government departments. Project coordinators will be designated to work in collaboration with UNICEF project officers, and will have overall responsibility for planning, managing and monitoring implementation at project, regional and municipal levels. Financial management will be undertaken by UNICEF Guyana.

25. At the internal level, all of the above-mentioned aspects will be included in the annual management plans where particular importance will be paid to indicators for monitoring office management and project inputs and outputs. In addition to the annual review of programmes, a specific session to evaluate overall office and programme performance will be organized with participants from the UNICEF Caribbean Area Office and the Americas and the Caribbean Regional Office. The results will be used to shape the new country programme of cooperation for 2001–2005.

TABLE

COUNTRY : GUYANA
PROGRAME : 2000-2000

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
ADVOCACY & SOCIAL POLICY	63,000			63,000	0	0	0	0	0	0	0	0	0	0	0	0	0
HEALTH & NUTRITION	194,000			194,000	0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC EDUCATION	80,000			80,000	0	0	0	0	0	0	0	0	0	0	0	0	0
INTEGRATED DEVELOPMENT	182,000			182,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	136,000			136,000	0	0	0	0	0	0	0	2	0	2	0	61,700	61,700
TOTAL GR	655,000			655,000	0	0	0	0	0	0	0	2	0	2	0	61,700	61,700
SUPPLEMENTARY FUNDING :																	
ADVOCACY & SOCIAL POLICY		0	50,000	50,000	0	0	0	0	0	0	0	0	0	0	0	0	0
HEALTH & NUTRITION		0	80,000	80,000	0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC EDUCATION		0	60,000	60,000	0	0	0	0	0	0	0	0	0	0	0	0	0
INTEGRATED DEVELOPMENT		0	60,000	60,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	5	5	0	36,923	36,923
TOTAL SF		0	250,000	250,000	0	0	0	0	0	0	0	0	5	5	0	36,923	36,923
TOTAL GR & SF	655,000	0	250,000	905,000	0	0	0	0	0	0	0	2	5	7	0	98,623	98,623
SUPPORT BUDGET		Operating costs		146,490													
		Staffing			0	0	0	1	0	0	1	0	2	3	143,325	26,554	169,879
GRAND TOTAL (GR + SF + SB)					0	0	0	1	0	0	1	2	7	10	143,325	125,177	268,502
Number of posts and staff costs:																	
Current programme cycle											1	2	7	10			
At the end of proposed programme cycle (indicative only)											1	2	7	10	143,325	125,177	268,502

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.